

UTILITY

PATENT APPLICATION

TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 7533

First Inventor or Application Identifier

David D. McKay

Title

Low Viscosity Bilayer Disrupted Softening
Composition for Tissue Paper

Express Mail Label No.

EJ814913512US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. [X] * Fee Transmittal Form (e.g., PTO/SB/17)
-
- (Submit an original, and a duplicate for fee processing)

2. [X] Specification Total Pages [58]
-
- (preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. [X] Drawing(s) (35 USC 113) Total Sheets [2]

4. Oath or Declaration Total pages []

- a. [] Newly executed (original or copy)
- b. [] Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)

i. [] DELETION OF INVENTORS

Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR §§1.63(d)(2) and
1.33(b).*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).**

5. [] Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)

- a. [] Computer Readable copy
- b. [] Paper Copy (identical to computer copy)
- c. [] Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. [] Assignment Papers (cover sheet & document(s))

8. [] 37 CFR 3.73(b) Statement [] Power of Attorney
-
- (when there is an assignee)

9. [] English Translation Document (if applicable)

10. [] Information Disclosure [] Copies of IDS
-
- Statement (IDS)/PTO-1449 Citations

11. [] Preliminary Amendment

12. [] Return Receipt Postcard (MPEP 503)
-
- (Should be specifically itemized)

13. [] *Small Entity [] Statement filed in prior application
-
- Statement(s) Status still proper and desired

14. [] Certified Copy of Priority Document(s)
-
- (if foreign priority is claimed)

15. [] Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment:

[] Continuation [] Divisional [X] Continuation-in-part (CIP) of prior application No. 60/137,336

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

[] Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label
here)

or [] Correspondence address below

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ZIP CODE

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COUNTRY

U S A

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Name (Print/Type)

Donald E. Hasse

Registration No. (Attorney/Agent)

29.387

Signature

Donald E. Hasse

Date 6/2/00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000 Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement. otherwise large entity fees must be paid. See Forms PTO/SB/09-12 See 37 C.F.R. §§1.27 and 1.28	Complete if Known	
	Application Number	
	Filing Date	June 2, 2000
	First Named Inventor	David D. McKay
	Examiner Name	
	Group/Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)	1158.00	Attorney Docket No. 7533

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee <input type="checkbox"/> Charge the Issue Fee Set in Required Under 37 C.F.R. §§1.16 and 1.17 of the Notice of Allowance		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Donald E. Hasse	Registration No. (Attorney/Agent)	29,387
Signature	<i>Donald E. Hasse</i>	Telephone	(513) 634-1620
		Date	6/2/00